



OAQ CONTROL EQUIPMENT APPLICATION
CE-05: Particulate Control – Wet Collector /
Scrubber / Absorption

State Form 52622 (3-06)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
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www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-05 is to identify all the parameters that describe the wet collector, scrubber, or absorption unit. This is a required form.
- Complete this form once for each wet collector, scrubber, or absorption unit (or once for each set of identical units).
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce05instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the particulate control device and describes its physical properties.

1. Control Equipment ID:			
2. Installation Date:			
3. Device Used:	<input type="checkbox"/> Wet Collector	<input type="checkbox"/> Scrubber	<input type="checkbox"/> Absorption
4. Scrubber Type:	<input type="checkbox"/> Packed Bed <input type="checkbox"/> Fiber Bed <input type="checkbox"/> Ionizing <input type="checkbox"/> Spray Dryer	<input type="checkbox"/> Spray Tower <input type="checkbox"/> Tray Tower <input type="checkbox"/> Bubble Cap <input type="checkbox"/> Impingement <input type="checkbox"/> Sieve <input type="checkbox"/> Valve	<input type="checkbox"/> Venturi <input type="checkbox"/> Fixed Throat <input type="checkbox"/> Variable Throat <input type="checkbox"/> Other (specify): <input type="checkbox"/> Not Applicable
5. Operational Design:	<input type="checkbox"/> Cross Current <input type="checkbox"/> Counter Current <input type="checkbox"/> Co-Current <input type="checkbox"/> Other (specify):		
6. Nozzle Design:	<input type="checkbox"/> Pneumatic <input type="checkbox"/> Rotary <input type="checkbox"/> Atomizing <input type="checkbox"/> Other (specify):		
7. Number of Scrubber Modules:			<input type="checkbox"/> Not Applicable
8. Packing Media:			<input type="checkbox"/> Not Applicable
9. Media Surface Area (specify units):			<input type="checkbox"/> Not Applicable
10. Fiber Density (specify units):			<input type="checkbox"/> Not Applicable
11. Scrubbing Liquid:	Average pH:	Solubility:	<input type="checkbox"/> Not Applicable
12. Liquid to Air Ratio (Ex: 1.3 : 1.0):			
13. Mist Elimination / Entrainment Separation: Specify number of chevrons, mesh pads, or cyclones, if applicable.			
<input type="checkbox"/> Chevron:	<input type="checkbox"/> Mesh Pad:	<input type="checkbox"/> Cyclone:	<input type="checkbox"/> Not Applicable
14. Is the device Electrostatically Enhanced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
15. Does the device use Condensation Growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Is a Demister used with this device?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Is a Settling Pond used with this device? If yes, describe the settling pond below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
18. Scrubbing Liquid Flow Rate <i>(Use 0.00 if not applicable.)</i>	GPM			
19. Recirculation Liquid Flow Rate <i>(Use 0.00 if not applicable.)</i>	GPM			
20. Gas Stream Flow Rate	ACFM			
21. Gas Stream Temperature	°F			
22. Gas Stream Pressure	inches of water			to
23. Moisture Content	%			
24. Average Particle Size	micrometers			to
25. Other <i>(specify)</i> :				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	26. Units	27. Inlet	28. Outlet	29. Efficiency (%):	
				Capture	Control
<input type="checkbox"/> a. Hazardous Air Pollutant (HAP) <i>(specify)</i> :					
<input type="checkbox"/> b. Particulate Matter (PM)					
<input type="checkbox"/> c. Particulate Matter less than 10µm (PM ₁₀)					
<input type="checkbox"/> d. Particulate Matter less than 2.5µm (PM _{2.5})					
<input type="checkbox"/> e. Volatile Organic Compounds (VOC)					
<input type="checkbox"/> f. Other Pollutant <i>(specify)</i> :					

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

30. Item(s) Monitored:				
31. Monitoring Frequency:				
32. Item(s) Recorded:				
33. Record Keeping Frequency:				
34. Pollutant(s) Tested:				
35. Test Method(s):				
36. Testing Frequency:				

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

37. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☐ Yes – the following items are identified on the PMP:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices. |
| <input type="checkbox"/> | B. Description of the items or conditions that will be inspected. |
| <input type="checkbox"/> | C. Schedule for inspection of items or conditions described above. |
| <input type="checkbox"/> | D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement. |